IN THE UNITED STATES PATENT & TRADEMARK OFFICE

n re Patent Application of:	Atty. Dkt.: LSN-	4786-5				
Eric LESCOUET, et al.	Γ.C./A.U.: 2195					
Serial No.: 10/573,918	Examiner: Abdu	llah-Al Kawsa	r			
Filed: March 30, 2006	Date: Marc	h 18, 2011				4
Title: OPERATING SYSTEMS						
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Sir:						
This is a response/amendment/letter in the above ncorporated by reference and the signature below signature thereon.	SE/AMENDMEN-identified applierves as the sign	cation and inc	cludes an a attachment	attachment what in the absenc	ich is e of a	s hereby any othe
☐ Correspondence Address Indication	Form Attach	ed.				
Fees are attached as calculated below: Total effective claims after amendment 29 r	sinue highaet au	ımhor				
	ninus highest nu		\$0.00 (1202	2)/\$0.00 (2202)	\$	
Independent claims after amendment previously paid for 3 (at least 3) =	ninus highest nu 0 x \$220.00		\$0.00 (120 ²	1)/\$0.00 (2201)	\$	
If proper multiple dependent claims now added for f	rst time, (ignore			.		
Th	ate so as to cover One Month Exter wo Month Exter ree Month Exter Four Month Exter	er the filing da tension \$130.0 nsions \$490.00 nsions \$1110.0 ensions \$1730	te of this 00 (1251)/\$ 0 (1252)/\$2 00 (1253/\$5 0.00 (1254/\$	45.00 (2252) 55.00 (2253) 8865.00 (2254))	
Terminal disclaimer enclosed, add		\$140.	.00 (1814)/	\$70.00 (2814)	\$	
☐ Applicant claims "small entity" status. ☐ Sta	ement filed here	ewith				
Rule 56 Information Disclosure Statement Filing Fer	•	•	\$1	80.00 (1806)	\$	
Assignment Recording Fee			9	640.00 (8021)	\$	
Other:				TOTAL FEE	\$	0.00
CREDIT CARD PAYMENT (FORM	ATTACHED	IF PAPER	FILING)	TOTAL FEE	\$	0.00
The Commissioner is hereby authorized to charge isserted to be filed, or which should have been filed irm) to our Account No. 14-1140 .	any <u>deficiency</u>	, or credit an	y overpayr	nent, in the fo		
001 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Felephone: (703) 816-4000 Facsimile: (703) 816-4100	NIXON & VAN By Atty.: Larry		-	40		
SN:lef	Signature:	Jai	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	nome	>	
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